

**NOTIFICATION OF NAME CHANGE and REQUEST
FOR REPLACEMENT DOCUMENT**

1800 37M-405 (REV.12/05)

SECTION I: NAME CHANGE AFFIDAVIT

The Board of Behavioral Sciences may recognize a name change by a registrant/licensee if that name is now their legal name for all purposes and if the change is not made for fraudulent purposes and is not misleading to the public.

► Are you currently a candidate for the written exam? YES ☐ NO ☐

If YES, you are required to provide a government issued photo ID reflecting your new name when you appear to take the exam.

Please complete Part A or Part B and sign below.

For Office Use Only:

Cashiering No. _____

Date Ordered: _____

PART A (for MFTs, Interns, LCSWs, Associates, LEPs):

I, _____ SSN _____, am the holder of Registration/License Type and Number _____ issued under the name of _____ and that I have legally changed my name to _____.

Submit copy(s) of the following acceptable documents, along with this form, to the above address.

DO NOT SEND ORIGINAL DOCUMENTS UNLESS SPECIFICALLY REQUESTED TO DO SO.

- Marriage Certificate **OR**
- Endorsed Copy of Judgment of Marital Dissolution or Legal Separation **OR**
- Endorsed Copy of Court Order

PART B (for CE Providers):

I, _____, hereby certify that I am the responsible party to be registered as coordinator
(Please print)
with the Board of Behavioral Sciences under PCE number _____. The name of the aforementioned CE Provider has changed to _____.
(Indicate NA if no change)

I also certify that this name change is not a result of a change of ownership.

SECTION II: APPLICATION FOR REPLACEMENT DOCUMENT

You may apply for a replacement document, which will reflect your new name by completing the section below and returning it with the required document and fee.

Document to be replaced must be returned with this application or you must state the circumstances regarding the loss of the document here: _____

(FEE: \$20.00 per document)

- ☐ Request the replacement of engraved license certificate (8 ½ x 11)
- ☐ Request the replacement of original or renewal license or registration (8 ½ x 3 5/8)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature

Date

FOR OFFICE USE ONLY: Date changed: _____ By: _____ ATS: ☐ CAS: ☐ FIDO ☐